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(Document Number)
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COVER LETTER

Division of Co	orporations	•				
AM & CI	R ENTERPRISES LLC		Sir.			
300JEC1.	Name of Lin	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub-	omitted for filing.				
	xondence concerning this matter	-				
	ALEX MARIN					
		Name of Person				
	AM & CR ENTERPRISES LLC					
						
	11103 HAVASU CT					
	RIVERVIEW, FL 33569					
	ALEXMREYES@GMAIL					
	E-mail address: (to be used for future annual report notif	ication)			
For further information	concerning this matter, please c	all:				
ALEX MARIN		813 5621695				
Name	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAII	LING ADDRESS:	STREET/COURIE	ED ANNDESS.			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

` ART	ICLES OF OR	GANIZATION	
	, OF		
			一篇: 上 ()
AM & CR ENTERPRISES LLC			
(Name of the Limit	ted Liability Company a (A Florida Limited Liab	as it now appears on our records.) ility Company)	and assigned
The Articles of Organization for this Limited L	iability Company we	re filed on 01/04/2018	and assigned
Florida document number 1.18000003210			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability	y company here:	
· ·			
The new name must be distinguishable and contain the v	vords "Limited Liability (Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	:able: _		·
(Principal office address MUST BE A STREE	<u> ET ADDRESS)</u>	<u></u>	
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		
			
	_		
B. If amending the registered agent and	or registered office	e address on our records, e	nter the name of the new
registered agent and/or the new registered of		· -	
Name of New Registered Agent:			
New Registered Office Address:	11103 HAVASU C	T	
		Enter Florida street address	
	RIVERVIEW	Florid	a 33569
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alex Marin	11103 Havasu Ct	= Add
		Riverview FL, 33569	Add
			Remove
			Change
AMBR	Melinda Marin	11103 Havasu Ct	
		Riverview FL, 33569	□ Remove
			Remove
			Change
			□ Remove
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			Remove
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Note: If the	date is fisted, the date inserted in	nan the date of date must be specif in this block does on the Departmen	ic and canno not meet th	ot be prior to da ne applicable	ste of filing or m	ore than 90 days	after filing \ Pm	suant to 605,0207 (not be listed as ti
the record :) The 90th	specifies a d day after t	elayed effecti he record is fi	ve date, led.	but not ar	effective t	ime, at 12:0	01 a.m. on	the earlier of:
Dated(Man	Signature	of a member	20/9.	1 Out	of a member		
			,	5. 45440117,60	prosontative	or a memore		

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Filing Fee: \$25.00